|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **UAC Basic Information** | | | | | | Photo of Child | **First Name:**  *(auto populate)* |  | **AKA:**  *(auto populate)* |  | | **Last Name:**  *(auto populate)* |  | **Status:** | *(System Generated)* | | **Date of Birth:**  *(auto populate)* |  | **Admitted Date:** | *(System Generated)* | | **A#:**  *(auto populate)* |  | **Length of Stay:** | *(System Generated)* | | **Country of Birth:**  *(auto populate)*  *(auto populate)* |  | **Current Program:** | *(auto populate)*  *(auto populate)* | | **Sex:** |  | **Portal ID:** | *(Auto populate –* [*Source UAC Portal Discharge Tab)*](#LocatioOfChildAppendix) | |  | **Physical Location of the Child:** | | *(auto populate)* |  | |
|  |
| **Foster Care Travel Request** |
| **Requester Information** |
| |  |  |  |  | | --- | --- | --- | --- | | Date of Travel Request:  ***<Pop-Up Calendar> MM/DD/YYYY*** | *Help Text: (Travel Request form must be submitted to DUACFO at least 5 business days prior to travel start date)* |  | | | **Name and Contact Information of Individual Completing Travel Requests:** | | | | | Name:  ***Open Text*** |  | Telephone  ***Open Text*** |  | | Email:  ***Open Text*** |  | | | |
|  |
| **Travel Overview** |
| |  |  |  |  | | --- | --- | --- | --- | | Travel Begin Date: | ***<Pop-Up Calendar> MM/DD/YYYY*** | Travel End Date: | ***<Pop-Up Calendar> MM/DD/YYYY*** | | Name of Individual Adult with whom child will be traveling | ***Open Text***  ***Open Text*** | Relationship to child: | ***Open Text***  ***Open Text*** | | Contact # while on travel: |  | Address where child will be staying while on travel |  | |  |  | THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L.104-13) Statement OF PUBLIC BURDEN: The purpose of this information collection is to allow foster care providers to request ORR approval for unaccompanied alien children to travel with their foster family outside of the local community. Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279, and Trafficking Victims Protection Reauthorization Act. 8 U.S.C.1232). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact [UACPolicy@acf.hhs.gov.](mailto:UACPolicy@acf.hhs.gov.)  Act of 1995, unless it displays a currently valid 0MB control number. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov. |  | |  |  |  |  | |  |  |  |  | |
| **Mode of Transportation**  **<Dropdown Menu>** - Select a Transportation Mode – *Bus; Flight; Personal; Vehicle; Train* | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Mode of transportation: |  | |  | | | Include airline, flight #'s, bus company, train info as applicable: | | ***Open Text*** | | |  |  |  |
| **Health Safety Travel Plan** |  |  |  |
| Does the child have any travel-related health concerns or conditions that may impact travel?   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | c Yes | | | c No | |  |  | | If Yes, please explain:  ***(Open Text)*** |   Please list all medications the child will need during travel, as well as their dosing frequency:  **(Open Text)**  Describe any additional safety precautions or protocols that should be followed in the event of a health emergency during travel:  ***(Open Text)*** |  |  |  |
| **Approval Determination** |  |  |  |
| **Travel Request Approved by ORR:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | c Yes | | | c No | |  |  | | If No, please explain:  ***(Open Text)*** | | **General Comments**  ***Open Text*** | |  | | | | |  |  |  |  | | --- | --- | --- | --- | | **Date** | *System Generated: MM/DD/YYYY* | **Signature of ORR Official** | *(Open Text)* | | |  |  |  | |  |  |  |
| |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |  **Location of Child Appendix** ***Located on the UAC Portal Discharge Tab***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **UC Basic Information** | | | | | | Photo of Child | **First Name:** | *(Auto Populate)* | **AKA:** | *(Auto Populate)* | | **Last Name:** | *(Auto Populate)* | **Status:** | *(Auto Populate)* | | **Date of Birth:** | *(Auto Populate)* | **Admitted Date:** | *(Auto Populate)* | | **A#:** | *(Auto Populate)* | **Length of Stay:** | *System Generated* | | **Country of Birth:** | *(Auto Populate)* | **Current Program:** | *(Auto Populate)* | | **Sex:** | *(Auto Populate)* | **Portal ID:** | *(Auto Populate)* | |  | **Physical Location of the Child:** | | *(Auto populate –* [*Source UAC Portal Discharge Tab)*](#LocatioOfChildAppendix) | | | **>| Go to Health**  **>| Go to Child-Level Event**  **>| Go to Intakes**  **>| Go to Admission**  **>| Go to Case Mgt.** | | | | |  |  |  |  | | --- | --- | --- | | **Assessments** | | | | {+/-} | **Current Location of the Child**     |  |  |  |  | | --- | --- | --- | --- | | **Location Type** | **Name** | **Address** | **Last Updated** | | **<Dropdown Menu>** (-Select One-*Post Release Address Update[[1]](#footnote-3); Program[[2]](#footnote-4); Reported Missing Post Release[[3]](#footnote-5))* | **AUTOPOPULATE** *WHEN LOCATION TYPE = “PROGRAM”* | **AUTOPOPULATE** *WHEN LOCATION TYPE = “PROGRAM”* | **AUTOPOPULATE** | | | | {+/-} | **Location History** *(AUTOPOPULATE WITH EACH NEW CURRENT LOCATION OF THE CHILD ENTRY)*   |  |  |  |  | | --- | --- | --- | --- | | **Location Type** | **Name** | **Address** | **Last Updated** | | **AUTOPOPULATE** | **AUTOPOPULATE** | **AUTOPOPULATE** | **AUTOPOPLATE** | | **>| Print** | | {+/-} | **Transfer Request** | **>| Add New** | | {+/-} | **Release Request** | **>| Add New** | | {+/-} | **Discharge Notification** | **>| Add New** | |  | **Program Exit** | **>| Add New** | | {+/-} | **Trigger Reports** | |  CONDITIONAL LOGIC: Additional Fields - Post Release Address Update  |  |  |  |  | | --- | --- | --- | --- | | **Update Current Location of Child** | | | | | **Location Type:** | **<Dropdown Menu> (SELECTED: *Post Release Address Update*)** | **Living with Sponsor?** | **c Yes c No[[4]](#footnote-6)**   |  |  | | --- | --- | | *(CONDITIONAL LOGIC IF “NO”)* | | | **Living with a caregiver?** | **c Yes[[5]](#footnote-7) c No**   |  |  |  | | --- | --- | --- | | *(CONDITIONAL LOGIC IF “YES”)* | | | | **Primary Caregiver Type:** | **<Dropdown Menu>** (-Select Type- *Assigned Alternate Caregiver[[6]](#footnote-8) /AUTOPOPULATE NAME/; Other Family Member; Family Friend; UAC’s Domestic Partner; Sponsor’s Domestic Partner; Unknown; Other[[7]](#footnote-9))*   |  | | --- | | *(Open Text for” Other”)* | | | | **Primary Caregiver Name:** | *(Open Text)* | *(Open Text)* | | | **Address Known?** | **c Yes[[8]](#footnote-10) c No**   |  |  | | --- | --- | | *(CONDITIONAL LOGIC IF “YES”)* | | | **Search for an Address:** | **<Search Field>** *(Open Text)* | | **Current Address Line 1:** | *(Open Text)* | | **Current Address Line 2:** | *(Open Text)* | | **City:** | *(Open Text)* | | **State:** | **<Dropdown Menu>** (-Select One-[*See Reference Table 1*](#RefTable1USStates)*)* | | **Zip Code:** | *(Open Text)* | | **Country:** | **<Dropdown Menu>** (-Select One-[*See Reference Table 2*](#RefTable2Countries)*)* | | | **Notes:** | *(Open Text)* | | |  |  |  |

1. Conditional Logic: “Post Release Address Update” triggers additional fields [↑](#footnote-ref-3)
2. Conditional Logic: Address will auto-populate (see above) [↑](#footnote-ref-4)
3. Conditional Logic: No address Fields populate [↑](#footnote-ref-5)
4. Conditional Logic: Living with Sponsor “No” triggers additional fields [↑](#footnote-ref-6)
5. Conditional Logic: Living with a Primary Caregiver “Yes” triggers additional fields [↑](#footnote-ref-7)
6. Conditional Logic: Primary Caregiver Type “Assigned Alternate Caregiver” will auto populate Primary Caregiver Name and Address Fields; address fields are editable if updates required. [↑](#footnote-ref-8)
7. Conditional Logic: Primary Caregiver Type “Other” triggers additional field [↑](#footnote-ref-9)
8. Conditional Logic: Address Known “Yes” will trigger additional fields. [↑](#footnote-ref-10)